

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

KREEGEL FOR CONGRESS

ADDRESS (number and street)

PO Box 62015



Check if different than previously reported. (ACC)

Fort Myers

FL

33906

2. FEC IDENTIFICATION NUMBER ▼

C

C00492488

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

FL

19

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
04 / 22 / 2014

in the State of

FL

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2014

through

M M / D D / Y Y Y Y
04 / 02 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ALAN CHILDERS

Signature of Treasurer

ALAN CHILDERS

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 10 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

KREEGEL FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	126055.84	126055.84
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	126055.84	126055.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	205128.69	208524.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	205128.69	208524.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33979.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	547262.63	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 72

Write or Type Committee Name

KREEGEL FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

116550.00

116550.00

(ii) Unitemized.....

9505.84

9505.84

(iii) TOTAL of contributions from individuals ▶

126055.84

126055.84

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

126055.84

126055.84

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

110000.00

110000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

110000.00

110000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

236055.84

236055.84

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 72

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	205128.69	208524.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	205128.69	208524.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3052.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	236055.84
25. SUBTOTAL (add Line 23 and Line 24).....	239108.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	205128.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33979.80

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

LAURA ALDIR-HERNANDEZ

A.

Mailing Address PO BOX 7007

City

NORTH PORT

State

FL

Zip Code

34290

FEC ID number of contributing
federal political committee.

C

Name of Employer

HECTOR N HERNANDEZ MD

Occupation

ADMINISTRATOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2014

Transaction ID : SA11Al.7661

Amount of Each Receipt this Period

1000.00

IND CONTR BY CC VIA PIRYX

Full Name (Last, First, Middle Initial)

MARK O ASPERILLA

B.

Mailing Address 3300 TAMIAMI TRAIL STE 102A

City

PORT CHARLOTTE

State

FL

Zip Code

33952

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

MEDICAL DOCTOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2014

Transaction ID : SA11Al.7579

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAVID S BALLESTRAS

C.

Mailing Address 2525 HARBOR BLVD
SUITE 102

City

PORT CHARLOTTE

State

FL

Zip Code

33952

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAVID S BALLESTRAS, M.D., PA

Occupation

MD

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11Al.7750

Amount of Each Receipt this Period

1000.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) DALE S BIRENBAUM		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 500 WINDERLY PLACE SUITE 115		Transaction ID : SA11AI.7541	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period 500.00 IND CONTR
FEC ID number of contributing federal political committee. C			
Name of Employer FLORIDA EMERGENCY PHYSICIANS	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) JAMES D BREWER		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address PO BOX 277		Transaction ID : SA11AI.7552	
City NOCATEE	State FL	Zip Code 34268	Amount of Each Receipt this Period 500.00 IND CONTR
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) DAVID A BROWN		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014	
Mailing Address 3577 W GULF DR		Transaction ID : SA11AI.7522	
City SANIBEL	State FL	Zip Code 33957-5409	Amount of Each Receipt this Period 2600.00 IND CONTR
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 2600.00		
SUBTOTAL of Receipts This Page (optional).....		3600.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

MERLE L BROWN

A.

Mailing Address 3577 W GULF DR

City

SANIBEL

State

FL

Zip Code

33957-5409

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

HOUSEWIFE

Receipt For: 2014

☐ Primary
☒ Other (specify)

☐ General
☐ Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.7523

Amount of Each Receipt this Period

2600.00

IND CONTR

Full Name (Last, First, Middle Initial)

MARTIN H BURNS

B.

Mailing Address 9811 W CHARLESTON BLVD
#2513

City

LAS VEGAS

State

NV

Zip Code

89117-7528

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2014

Transaction ID : SA11AI.7350

Amount of Each Receipt this Period

2600.00

IND CONTR

Full Name (Last, First, Middle Initial)

MARTIN H BURNS

C.

Mailing Address 9811 W CHARLESTON BLVD
#2513

City

LAS VEGAS

State

NV

Zip Code

89117-7528

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2014

Transaction ID : SA11AI.7801

Amount of Each Receipt this Period

-2600.00

Redesignate: IND CONTR

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

5200.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 72
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MARTIN H BURNS		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 9811 W CHARLESTON BLVD #2513		Transaction ID : SA11AI.7802	
City LAS VEGAS	State NV	Zip Code 89117-7528	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer SELF	Occupation ATTORNEY		Redesignate: CONTR TO SPEC PRIM 1/31/2014 [MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) JESSE A CARON		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 500 WINDERLY PLACE SUITE 115		Transaction ID : SA11AI.7543	
City MAITLAND	State FL	Zip Code 32751	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer FLORIDA EMERGENCY PHYSICIANS	Occupation PHYSICIAN		IND CONTR
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) DANA CARR		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 115 BREAKERS CT #131		Transaction ID : SA11AI.7580	
City PUNTA GORDA	State FL	Zip Code 33950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer AIR TREK INC	Occupation DIRECTOR OF OPERATIONS		IND CONTR
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		1500.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

WAYNE CARR

A.

Mailing Address 6300 RIVERSIDE DR

City

PUNTA GORDA

State

FL

Zip Code

33982

FEC ID number of contributing
federal political committee.

C

Name of Employer

AIR TREK INC

Occupation

PILOT

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : SA11AI.7581

Amount of Each Receipt this Period

1000.00

IND CONTR

Full Name (Last, First, Middle Initial)

BRIAN CHAPMAN

B.

Mailing Address 6126 DEER RUN

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHAPMAN INSURANCE GROUP

Occupation

INSURANCE AGENT

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : SA11AI.7396

Amount of Each Receipt this Period

2600.00

INDIVIDUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

JR BRIAN G CHAPMAN

C.

Mailing Address 2005 NW 7TH AVE

City

CAPE CORAL

State

FL

Zip Code

33993

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHAPMAN INSURANCE GROUP

Occupation

INSURANCE AGENT

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : SA11AI.7495

Amount of Each Receipt this Period

2500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

SLOAN CHAPMAN

A.

Mailing Address 6126 DEER RUN

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHAPMAN INSURANCEOccupation
INSURANCE AGENT

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2014

Transaction ID : SA11AI.7618

Amount of Each Receipt this Period

2600.00

IND CONTR BY CC VIA PIRYX

Full Name (Last, First, Middle Initial)

SYLVIA M CHILDERS

B.

Mailing Address 4408 NORTHSORE DR

City

PORT CHARLOTTE

State

FL

Zip Code

33980

FEC ID number of contributing
federal political committee.

C

Name of Employer
HS-ICE-HSIOccupation
INTEL ANALYST

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2014

Transaction ID : SA11AI.7337

Amount of Each Receipt this Period

2000.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAVID M DARBY

C.

Mailing Address 50 MURRAY ST
APT 518

City

NEW YORK

State

NY

Zip Code

10007

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
FINANCIAL ADVISOR

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.7526

Amount of Each Receipt this Period

2600.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHANE DESGUIN

A.

Mailing Address 3704 TREVOR COURT

City

TALLAHASSEE

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

FDLE

Occupation

LAW ENFORCEMENT

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2014

Transaction ID : SA11AI.7604

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAVID M DIGNAM

B.

Mailing Address 5150 THE POINTE

City

ENGLEWOOD

State

FL

Zip Code

34223

FEC ID number of contributing
federal political committee.

C

Name of Employer

KEY AGENCY

Occupation

REALTOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2014

Transaction ID : SA11AI.7598

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

MARK A DRAPER

C.

Mailing Address 122 NESBIT STREET
SUITE 111

City

PUNTA GORDA

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2014

Transaction ID : SA11AI.7681

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

TIMOTHY J FARHAT**A.**

Mailing Address 12865 SW KINGWSAY CT

City

LAKE SUZY

State

FL

Zip Code

34269

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

CONTRACTOR

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		27		2014

Transaction ID : SA11AI.7738

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

DANIELLE FARRIS**B.**

Mailing Address 5595 RIVERSIDE DR

City

PUNTA GORA

State

FL

Zip Code

33982-1588

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

HOUSEWIFE

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		17		2014

Transaction ID : SA11AI.7666

Amount of Each Receipt this Period

1000.00

IND CONTR

Full Name (Last, First, Middle Initial)

RONALD FIRMAN**C.**Mailing Address 247 SW 8TH ST
#301

City

MIAMI

State

FL

Zip Code

33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		10		2014

Transaction ID : SA11AI.7382

Amount of Each Receipt this Period

2600.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

4100.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHOSHANA R FIRMAN

A.

Mailing Address 1717 N BAYSHORE DR
APT 2055

City	State	Zip Code
MIAMI	FL	33132

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		27		2014

Transaction ID : SA11AI.7335

Amount of Each Receipt this Period

2500.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAVID J FLESZAR

B.

Mailing Address 1075 EAGLES FLIGHT WAY

City	State	Zip Code
NORTH PORT	FL	34287

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILLENNIUM PHYSICIAN GROU

Occupation
MEDICAL DOCTOR

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		17		2014

Transaction ID : SA11AI.7668

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAVID J FLESZAR

C.

Mailing Address 1075 EAGLES FLIGHT WAY

City	State	Zip Code
NORTH PORT	FL	34287

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILLENNIUM PHYSICIAN GROU

Occupation
MEDICAL DOCTOR

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.7751

Amount of Each Receipt this Period

250.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JOHN FRAZER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 8171 BAY COLONY DR APT 1701		Transaction ID : SA11AI.7722	
City NAPLES	State FL	Zip Code 34108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer PUBMANAGE, INC	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 2000.00		
B. Full Name (Last, First, Middle Initial) Dr. JOSE GARCIA		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 5182 YAHNER LANE		Transaction ID : SA11AI.7728	
City PORT CHARLOTTE	State FL	Zip Code 33981	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MILLENNIUM PHYSICIANS GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) Dr. JOSE GARCIA		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 5182 YAHNER LANE		Transaction ID : SA11AI.7742	
City PORT CHARLOTTE	State FL	Zip Code 33981	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MILLENNIUM PHYSICIANS GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 750.00		
SUBTOTAL of Receipts This Page (optional).....		2750.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN GARDNER

A.

Mailing Address 390 PONDELLA ROAD

#1

City

NORTH FORT MYERS

State

FL

Zip Code

33903

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEE CO INSURANCEOccupation
INS AGENT

Receipt For: 2014



Primary



General



Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2014

Transaction ID : SA11AI.7653

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

SARAH M GETTER

B.

Mailing Address 2030 JAMAICA WAY

City

PUNTA GORDA

State

FL

Zip Code

33950-5181

FEC ID number of contributing
federal political committee.

C

Name of Employer
MI DISC SPINE CAREOccupation
OFFICE MANAGER

Receipt For: 2014



Primary



General



Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.7532

Amount of Each Receipt this Period

2600.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAVID A GOLDMAN

C.

Mailing Address 500 WINDERLY PLACE
SUITE 115

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA EMERGENCY PHYSICIANSOccupation
PHYSICIAN

Receipt For: 2014



Primary



General



Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2014

Transaction ID : SA11AI.7540

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

3600.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

SUZANNE GRAHAM

A.

Mailing Address 27097 SULOMON DR

City

PUNTA GORDA

State

FL

Zip Code

33983

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN PEST CONTROL

Occupation

BUSINESS OWNER

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.7707

Amount of Each Receipt this Period

500.00

IND CONTR BY CC VIA PIRYX

Full Name (Last, First, Middle Initial)

CHRISTOPHER M GRANT

B.

Mailing Address 127 CREEK DRIVE

City

PORT CHARLOTTE

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer

REMAX

Occupation

REALTOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.7743

Amount of Each Receipt this Period

200.00

PER CONTR

Full Name (Last, First, Middle Initial)

LORRAINE GRANT

C.

Mailing Address PO BOX 3153

City

PLACIDA

State

FL

Zip Code

33946

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.7735

Amount of Each Receipt this Period

1000.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL GRANT

A.

Mailing Address 81 N. GULF BLVD

City

PLACIDA

State

FL

Zip Code

33946

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRANT INC

Occupation

PRESIDENT/OWNER

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : SA11AI.7390

Amount of Each Receipt this Period

2500.00

INDIVIDUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANTHONY R GRAY

B.

Mailing Address 3240 SOUTH SHORE DR.

41-A

City

PUNTA GORDA

State

FL

Zip Code

33955

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

BUSINESS OWNER

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : SA11AI.7435

Amount of Each Receipt this Period

250.00

IND CONTR

Full Name (Last, First, Middle Initial)

MICHELLE GRAY

C.

Mailing Address 3240 SOUTH SHORE DR.

41-A

City

PUNTA GORDA

State

FL

Zip Code

33955

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : SA11AI.7436

Amount of Each Receipt this Period

250.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JANE GREGUSH			Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 287 GEORGE R			Transaction ID : SA11AI.7642	
City	State	Zip Code		
PORT CHARLOTTE	FL	33952		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2600.00	
Name of Employer SELF		Occupation MEDICAL DOCTOR	IND CONTR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 2600.00		
B. Full Name (Last, First, Middle Initial) ALEJANDRO J GRUNEIRO			Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 8957 SW 12TH STREET			Transaction ID : SA11AI.7656	
City	State	Zip Code		
MIAMI	FL	33174		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer BAYFRONT HEALTH		Occupation PHYSICIAN	IND CONTR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) MIKO P GUNDERSON			Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 7440 RIVERSIDE DR			Transaction ID : SA11AI.7692	
City	State	Zip Code		
PUNTA GORDA	FL	33982		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF		Occupation ATTORNEY	IND CONTR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			3350.00	
TOTAL This Period (last page this line number only).....				

Diagram illustrating the layout of the 15 numbered boxes on the table. The boxes are arranged in two rows. The top row contains boxes 11a, 11b, 11c, and 11d. The bottom row contains boxes 12, 13a, 13b, 14, and 15. Box 11a is marked with an 'X'.

NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) DAVID A HOLMES			Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 99 NESBIT ST			Transaction ID : SA11Al.7440	
City	State	Zip Code		
PUNTA GORDA	FL	33950		
FEC ID number of contributing federal political committee.		C		
Name of Employer PA FARR,FARR,EMERICH,HACKETT &		Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 500.00		
			Amount of Each Receipt this Period 500.00 IND CONTR	
B. Full Name (Last, First, Middle Initial) WILLIAM A HOLT			Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014	
Mailing Address 19401 LAUZON AV			Transaction ID : SA11Al.7384	
City	State	Zip Code		
PORT CHARLOTTE	FL	33948		
FEC ID number of contributing federal political committee.		C		
Name of Employer NUEROLOGY PA		Occupation MEDICAL DOCTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 1000.00		
			Amount of Each Receipt this Period 1000.00 INDIVIDUAL CONTRIBUTION	
C. Full Name (Last, First, Middle Initial) WILLIAM A HOLT			Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 19401 LAUZON AV			Transaction ID : SA11Al.7747	
City	State	Zip Code		
PORT CHARLOTTE	FL	33948		
FEC ID number of contributing federal political committee.		C		
Name of Employer NUEROLOGY PA		Occupation MEDICAL DOCTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 1500.00		
			Amount of Each Receipt this Period 500.00 IND CONTR	
SUBTOTAL of Receipts This Page (optional).....			2000.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

DAVID A HOTCHKISS

A.

Mailing Address 138 SANTA MARTA ST

City

PORT CHARLOTTE

State

FL

Zip Code

33954

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2014

Transaction ID : SA11AI.7551

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

MARK JAMES

B.

Mailing Address 25426 RANCAGUA DRIVE

City

PORT CHARLOTTE

State

FL

Zip Code

33983

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHS/CHARLOTTE CO PUBLIC SCHOOL

Occupation

TEACHER

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2014

Transaction ID : SA11AI.7764

Amount of Each Receipt this Period

400.00

In-kind - HATS W/LOGO

Full Name (Last, First, Middle Initial)

DOUGLAS H JOYCE

C.

Mailing Address 1309 CASEY KEY DRIVE

City

PUNTA GORDA

State

FL

Zip Code

33950-8547

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2014

Transaction ID : SA11AI.7652

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JACK C KAGAN		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 6981 LAKE DEVONWOOD DR		Transaction ID : SA11AI.7356	
City FORT MYERS	State FL	Zip Code 33908	Amount of Each Receipt this Period 2000.00 IND CONTR
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 2000.00		
B. Full Name (Last, First, Middle Initial) THOMAS KARTIS		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 4341 GARDNER DR		Transaction ID : SA11AI.7534	
City PORT CHARLOTTE	State FL	Zip Code 33952	Amount of Each Receipt this Period 2600.00 IND CONTR
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation MEDICAL DOCTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 2600.00		
C. Full Name (Last, First, Middle Initial) STEPHEN L KASH		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 1353 WADE DR		Transaction ID : SA11AI.7444	
City ELKHART	State IN	Zip Code 46514-8229	Amount of Each Receipt this Period 2600.00 IND CONTR
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 2600.00		
SUBTOTAL of Receipts This Page (optional).....		7200.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JIMMY V KNIGHT

Mailing Address 604 WEST OAK ST

City State Zip Code
ARCADIA FL 34266

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 26 2014

Transaction ID : SA11AI.7549

Amount of Each Receipt this Period

500.00

IND CONTR

B. Full Name (Last, First, Middle Initial)
FERNANDO LOMBA

Mailing Address 340 CORONADO DR

City State Zip Code
PUNTA GORDA FL 33950

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
MEDICAL DOCTOR

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

650.00

Date of Receipt

M M / D D / Y Y Y Y
02 07 2014

Transaction ID : SA11AI.7363

Amount of Each Receipt this Period

650.00

IND CONTR BY VISA CC VIA PYR

C. Full Name (Last, First, Middle Initial)
CAROLE LOREN

Mailing Address 3381 DIAMOND KEY CT

City State Zip Code
PUNTA GORDA FL 33955

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIAMOND PARK PROPERTY ASSOC

Occupation
VICE PRES

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y
02 14 2014

Transaction ID : SA11AI.7425

Amount of Each Receipt this Period

2600.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

DANIEL LOREN

A.

Mailing Address 3381 DIAMOND KEY COURT

City

PUNTA GORDA

State

FL

Zip Code

33955

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

BUSINESS OWNER

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		14		2014

Transaction ID : SA11AI.7424

Amount of Each Receipt this Period

2600.00

IND CONTR

Full Name (Last, First, Middle Initial)

CARLOS E MAAS

B.

Mailing Address 1775 CITRON ST

City

CHARLOTTE HARBOR

State

FL

Zip Code

33980-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2014

Transaction ID : SA11AI.7550

Amount of Each Receipt this Period

1000.00

IND CONTR

Full Name (Last, First, Middle Initial)

JOHN MALIN

C.

Mailing Address 74 PLAINFIELD ROAD

City

ALBERTSON

State

NY

Zip Code

11507

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2014

Transaction ID : SA11AI.7354

Amount of Each Receipt this Period

2600.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JOHN S MCGARVEY			Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 5051 PELICAN COLONY BLVD APT 1204			Transaction ID : SA11AI.7669	
City	State	Zip Code	Amount of Each Receipt this Period IND CONTR	
BONITA SPRINGS	FL	34134	250.00	
FEC ID number of contributing federal political committee.		C		
Name of Employer MCGARVEY DEVELOPMENT CORP		Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) MARC MELSER			Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2014	
Mailing Address 4400 RIVERSIDE DRIVE			Transaction ID : SA11AI.7351	
City	State	Zip Code	Amount of Each Receipt this Period IND CONTR	
PUNTA GORDA	FL	33982	250.00	
FEC ID number of contributing federal political committee.		C		
Name of Employer 21ST CENTURY ONCOLOGY		Occupation UROLOGIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) MUHAMMED Y MEMON M.D.			Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 2400 HARBOR BLVD			Transaction ID : SA11AI.7658	
City	State	Zip Code	Amount of Each Receipt this Period IND CONTR	
PORT CHARLOTTE	FL	33952	250.00	
FEC ID number of contributing federal political committee.		C		
Name of Employer SELF		Occupation MEDICAL DOCTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....			750.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 26 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

ELVIN M MENDEZ

A.

Mailing Address PO BOX 511896

City

PUNTA GORDA

State

FL

Zip Code

33951

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2014

Transaction ID : SA11Al.7654

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

MICHAEL METYK

B.

Mailing Address 246 E TARPON BLVD NW

City

PORT CHARLOTTE

State

FL

Zip Code

33952

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

MD

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2014

Transaction ID : SA11Al.7358

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

RICH NEAL

C.

Mailing Address PO BOX 5735

City

HUDSON

State

FL

Zip Code

34674-5735

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEAL GROUP INTL., INC

Occupation

INVESTIGATOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2014

Transaction ID : SA11Al.7690

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL NUSSBAUM

A.

Mailing Address 2358 RIVERSIDE AVE UNIT 804

City

JACKSONVILLE

State

FL

Zip Code

32204

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA

Occupation

MEDICAL DOCTOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		26		2014

Transaction ID : SA11AI.7727

Amount of Each Receipt this Period

250.00

IND CONTR

Full Name (Last, First, Middle Initial)

RONALD W NUTT

B.

Mailing Address 12375 SW KINGSWAY CIRCLE

City

LAKE SUZY

State

FL

Zip Code

34269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		27		2014

Transaction ID : SA11AI.7733

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

DANIEL OLEARY

C.

Mailing Address 3710 COMO ST

City

PORT CHARLOTTE

State

FL

Zip Code

33948

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2014

Transaction ID : SA11AI.7578

Amount of Each Receipt this Period

250.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

RONALD OLSEN

A.

Mailing Address 3514 PAUL PL.

City

PPUNTA GORDA

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer

STRANG OLSEN AND LYNCH

Occupation

CPA

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : SA11AI.7439

Amount of Each Receipt this Period

250.00

IND CONTR

Full Name (Last, First, Middle Initial)

GEORGE C PANJIKARAN

B.

Mailing Address 5588 CAPE LEYTE DR

City

SARASOTA

State

FL

Zip Code

34242-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		17		2014

Transaction ID : SA11AI.7475

Amount of Each Receipt this Period

250.00

IND CONTR

Full Name (Last, First, Middle Initial)

CRAIG S POGUE

C.

Mailing Address PO BOX 363

City

BOCA GRANDE

State

FL

Zip Code

33921

FEC ID number of contributing
federal political committee.

C

Name of Employer

GULF COAST CHIROPRACTIC CENTER

Occupation

DOCTOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : SA11AI.7388

Amount of Each Receipt this Period

2600.00

INDIVIDUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT M PORTO

A.

Mailing Address 3872 A TAMIAMI TRL

City

PORT CHARLOTTE

State

FL

Zip Code

33952

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE FARM INSURANCE

Occupation

STATE FARM INSURANCE AGENT

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.7362

Amount of Each Receipt this Period

1000.00

IND CONTR

Full Name (Last, First, Middle Initial)

GARY REAMEY

B.

Mailing Address 10851 GULFSHORE DRIVE
SUITE 905

City

NAPLES

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : SA11AI.7708

Amount of Each Receipt this Period

500.00

IND CONTR BY CC VIA PIRYX

Full Name (Last, First, Middle Initial)

HENRY W REYNOLDS

C.

Mailing Address 202 EDGEWOOD DR

City

MAULDIN

State

SC

Zip Code

29662

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.7524

Amount of Each Receipt this Period

2600.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

NORMA P REYNOLDS**A.**

Mailing Address 202 EDGEWOOD DR

City

MAULDIN

State

SC

Zip Code

39662

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.7525

Amount of Each Receipt this Period

2600.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAVID J RICE**B.**

Mailing Address 3040 RIVERSHORE LN

City

PORT CHARLOTTE

State

FL

Zip Code

33953

FEC ID number of contributing
federal political committee.

C

Name of Employer

WIAND GUERRA KING

Occupation

ATTORNEY

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : SA11AI.7603

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

THOMAS J RICE**C.**

Mailing Address 13130 PLACIDA POINTE CT

City

PLACIDA

State

FL

Zip Code

33946

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCCA

Occupation

HEALTH CARE

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : SA11AI.7596

Amount of Each Receipt this Period

250.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

3350.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

KENNETH L ROBERSON

A.

Mailing Address PO BOX 495096

City

PORT CHARLOTTE

State

FL

Zip Code

33949

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBERSON FUNERL HOME & CREMATO

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : SA11Al.7573

Amount of Each Receipt this Period

1000.00

IND CONTR

Full Name (Last, First, Middle Initial)

ELWOOD SAFRON

B.

Mailing Address 2323 SANDY PINES DR

City

PUNTA GORDA

State

FL

Zip Code

33982

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

CITURS GROWER / RETIRED

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2014

Transaction ID : SA11Al.7517

Amount of Each Receipt this Period

2500.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAVID C SARKARATI

C.

Mailing Address 415 E PINE ST
APT 1126

City

ORLANDO

State

FL

Zip Code

32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA EMERGENCY PHYSICIANS

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2014

Transaction ID : SA11Al.7544

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD A SCHAUB

A.

Mailing Address 5726 OAKVIEW LANE

City

PUNTA GORDA

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACLIN HR

Occupation

OWNER / MANAGER

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : SA11AI.7574

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

RICHARD A SCHAUB

B.

Mailing Address 5726 OAKVIEW LANE

City

PUNTA GORDA

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACLIN HR

Occupation

OWNER / MANAGER

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : SA11AI.7701

Amount of Each Receipt this Period

500.00

IND CONTR BY CC VIA PIRYX

Full Name (Last, First, Middle Initial)

GARNETT SCHOLL

C.

Mailing Address 4 TROPICANA DR

City

PUNTA GORDA

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		17		2014

Transaction ID : SA11AI.7476

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

CLARENCE J SCOTT

A.

Mailing Address 24248 RIVERFRONT DR

City

CHARLOTTE

State

FL

Zip Code

33980

FEC ID number of contributing
federal political committee.

C

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		27		2014

Transaction ID : SA11AI.7342

Amount of Each Receipt this Period

2600.00

IND CONTR

Full Name (Last, First, Middle Initial)

ROBERT H SIFRIT

B.

Mailing Address 150 LAISHLEY COURT
SUITE 114

City

PUNTA GORDA

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer

REMAX REALTY

Occupation

REALTOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		27		2014

Transaction ID : SA11AI.7740

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

WEYLIN C SING

C.

Mailing Address 500 WINDERLY PLACE
SUITE 115

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA EMERGENCY PHYSICIANS

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		25		2014

Transaction ID : SA11AI.7542

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JOSEPH W SPADAFORA		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 21275 OLEAN BLVD		Transaction ID : SA11Al.7667	
City PORT CHARLOTTE	State FL	Zip Code 33952-6704	Amount of Each Receipt this Period 500.00 IND CONTR
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation OPHTAMOLOGIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) ROBERT STCHUR		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 5750 RIVERSIDE DR		Transaction ID : SA11Al.7397	
City PUNTA GORDA	State FL	Zip Code 33982	Amount of Each Receipt this Period 500.00 INDIVIDUAL CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer ADVANCED ORTHOPEDIC CENTER	Occupation ORTHOPEDIC SURGEON		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) CHERYL STEPHENSON		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address 796 BIRDIE VIEW PT		Transaction ID : SA11Al.7553	
City SANIBEL	State FL	Zip Code 33957-4625	Amount of Each Receipt this Period 2500.00 IND CONTR
FEC ID number of contributing federal political committee. C			
Name of Employer NOT EMPLOYED	Occupation HOUSEWIFE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 2500.00		
SUBTOTAL of Receipts This Page (optional).....		3500.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JACK F STEPHENSON

Mailing Address 24420 SANDHILL BLVD

City

PUNTA GORDA

State

FL

Zip Code

33983

FEC ID number of contributing
federal political committee.

C

Name of Employer
REALIABLE HOMESOccupation
OWNER REALIABLE HOMES

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : SA11AI.7554

Amount of Each Receipt this Period

2500.00

IND CONTR

Full Name (Last, First, Middle Initial)

B. ROBERT N STEPHENSON II

Mailing Address 17096 CLINGMAN AVE

City

PORT CHARLOTTE

State

FL

Zip Code

33954

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAINTREE IRRIGATIONOccupation
IRRIGATION SYSTEMS INSTALLER

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : SA11AI.7597

Amount of Each Receipt this Period

250.00

IND CONTR

Full Name (Last, First, Middle Initial)

C. ROBERT STEPHENSON

Mailing Address 7292 POPHAM DR

City

FORT MYERS

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		22		2014

Transaction ID : SA11AI.7687

Amount of Each Receipt this Period

150.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

TED STOUT

A.

Mailing Address 660 CHARLOTTE ST
STE 5

City	State	Zip Code
PUNTA GORDA	FL	33950

FEC ID number of contributing
federal political committee.

C

Name of Employer
REALMARK REALTY

Occupation
REALTOR

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		11		2014

Transaction ID : SA11AI.7383

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

DAWN M SULLIVAN

B.

Mailing Address 2707 SANTA BARBARA BLVD
SUITE 120

City	State	Zip Code
CAPE CORAL	FL	33914

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE FARM INS

Occupation
INS AGENT

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2014

Transaction ID : SA11AI.7655

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

CATHY THOMPSON

C.

Mailing Address 1318 WALES DR

City	State	Zip Code
FORT MYERS	FL	33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOUSEWIFE

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2014

Transaction ID : SA11AI.7353

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

CATHY THOMPSON

A.

Mailing Address 1318 WALES DR

City

FORT MYERS

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.7725

Amount of Each Receipt this Period

500.00

IND CONTR

B.

Full Name (Last, First, Middle Initial)

THOMAS THORNBERRY

Mailing Address 1266 MARKET CIRCLE

City

PORT CHARLOTTE

State

FL

Zip Code

33953

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHAROLTTE PLUMBING INC

Occupation

BUSINESS OWNER

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		13		2014

Transaction ID : SA11AI.7395

Amount of Each Receipt this Period

250.00

INDIVIDUAL CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN TOUCHETT

Mailing Address 221 GULF BLVD

City

BOCA GRANDE

State

FL

Zip Code

33921

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : SA11AI.7493

Amount of Each Receipt this Period

1500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

2250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES W TOWNSEND

A.

Mailing Address 2958 KENILWICK DR S

City

CLEARWATER

State

FL

Zip Code

33761

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOWNSEND CONSTRUCTORS, INC

Occupation

CONTRACTOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : SA11AI.7599

Amount of Each Receipt this Period

2600.00

IND CONTR

Full Name (Last, First, Middle Initial)

JANICE M TOWNSEND

B.

Mailing Address 2958 KENILWICK DR S

City

CLEARWATER

State

FL

Zip Code

33761

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

HOUSEWIFE

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : SA11AI.7600

Amount of Each Receipt this Period

2600.00

IND CONTR

Full Name (Last, First, Middle Initial)

BAXTER G TROUTMAN

C.

Mailing Address PO BOX 1043

City

WINTER HAVEN

State

FL

Zip Code

33882

FEC ID number of contributing
federal political committee.

C

Name of Employer

LABOR SOLUTIONS

Occupation

OWNER LABOR SOLUTIONS

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.7519

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

MATTHEW W UEBELACKR

A.

Mailing Address 11730 SW DALLAS DRIVE N

City

LAKE SUZY

State

FL

Zip Code

34266

FEC ID number of contributing
federal political committee.

C

Name of Employer

BUSY BEE CABINETS INC

Occupation

CABINET MANUFACTURE OWNER

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : SA11Al.7741

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

RAMANAN VENKAT

B.

Mailing Address 17525 OHARA DRIVE

City

PORT CHARLOTTE

State

FL

Zip Code

33948

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAWCETT HOSP

Occupation

RADIOLOGIST

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : SA11Al.7657

Amount of Each Receipt this Period

500.00

IND CONTR

Full Name (Last, First, Middle Initial)

JAMES E WHITE

C.

Mailing Address 21481 HARBORSIDE BLVD

City

PORT CHARLOTTE

State

FL

Zip Code

33952

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLENNIUM PHYSICIAN GROUP

Occupation

MEDICAL DOCTOR

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : SA11Al.7533

Amount of Each Receipt this Period

2600.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD WORCH JR

A.

Mailing Address PO BOX 511186

City

PUNTA GORDA

State

FL

Zip Code

33951-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

EDISON STATE COLLEGE

Occupation

PROFESSOR

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : SA11Al.7454

Amount of Each Receipt this Period

500.00

IND CONTR BY CC VIA PIRYX

Full Name (Last, First, Middle Initial)

PAUL WOZNEY

B.

Mailing Address 1133 BAL HARBOR BLVD

UNIT 1139-106

City

PUNTA GORDA

State

FL

Zip Code

33950

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLENNIUM PHYSICIANS GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : SA11Al.7503

Amount of Each Receipt this Period

1000.00

IND CONTR BY CC VIA PIRYX

Full Name (Last, First, Middle Initial)

MICHAEL YOUSEF

C.

Mailing Address 18730 AYRSHIRE CIRCLE

City

PORT CHARLOTTE

State

FL

Zip Code

33948

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Special-Primary

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11Al.7361

Amount of Each Receipt this Period

500.00

IND CONTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

116550.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PETER ALEXIO ARATARI

Mailing Address 218 W. GRACE STREET

City	State	Zip Code
PUNTA GORDA	FL	33950

Purpose of Disbursement
STILL PHOTOGRAPHY

004

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.7773

B. ARTYPE, INC

Mailing Address 3530 WORK DR

City	State	Zip Code
FORT MYERS	FL	33916

Purpose of Disbursement
YARD SIGNS

004

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

1804.65

Transaction ID : SB17.7609

C. ARTYPE, INC

Mailing Address 3530 WORK DR

City	State	Zip Code
FORT MYERS	FL	33916

Purpose of Disbursement
2X3 STICKERS

004

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

42.40

Transaction ID : SB17.7610

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2147.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHAD BROWNMailing Address 1779 RED CEDAR
APT 13City State Zip Code
FORT MYERS FL 33907Purpose of Disbursement
HOURLY PAY

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2014

Amount of Each Disbursement this Period

540.00

Transaction ID : SB17.7570

B. BUFFALO GRAFFIX

Mailing Address 18320 Paulson Dr Unit A

City State Zip Code
PORT CHARLOTTE FL 33954Purpose of Disbursement
CARDS/ENVELOPES

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
02	17	2014

Amount of Each Disbursement this Period

200.63

Transaction ID : SB17.7463

C. BUFFALO GRAFFIX

Mailing Address 18320 Paulson Dr Unit A

City State Zip Code
PORT CHARLOTTE FL 33954Purpose of Disbursement
INV 422422 DEPOSIT STAMP

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
02	18	2014

Amount of Each Disbursement this Period

14.98

Transaction ID : SB17.7465

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

755.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BUFFALO GRAFFIX

Mailing Address 18320 Paulson Dr Unit A

Date of Disbursement

M M	D D	Y Y Y Y
03	22	2014

City	State	Zip Code
PORT CHARLOTTE	FL	33954

Amount of Each Disbursement this Period

619.10

Purpose of Disbursement
SHIRTS W/LOGO ADV

004

Transaction ID : SB17.7672

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Full Name (Last, First, Middle Initial)

B. CALUSA NATIONAL BANK

Mailing Address 3105 TAMIAMI TRAIL

Date of Disbursement

M M	D D	Y Y Y Y
01	23	2014

City	State	Zip Code
PUNTA GORDA	FL	33950

Amount of Each Disbursement this Period

149.47

Purpose of Disbursement
Check Charges Acct End In 5829

001

Transaction ID : SB17.7332

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Full Name (Last, First, Middle Initial)

C. CALUSA NATIONAL BANK

Mailing Address 3105 TAMIAMI TRAIL

Date of Disbursement

M M	D D	Y Y Y Y
02	12	2014

City	State	Zip Code
PUNTA GORDA	FL	33950

Amount of Each Disbursement this Period

17.00

Purpose of Disbursement
WIRE FEE FOR PUB STRAT ASSOC WIRE TRANS

001

Transaction ID : SB17.7379

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

785.57

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHERRY COMMUNICATIONSMailing Address 277 N BRONOUGH
SUITE 4100

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
POLLING INTERVIEWS/QUESTIONS

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
03	26	2014

Amount of Each Disbursement this Period

3200.00

Transaction ID : SB17.7756

B. DANIELLE COFFELLETTO

Mailing Address 1184 VERNON AV NW

City PORT CHARLOTTE State FL Zip Code 33948

Purpose of Disbursement
MILEAGE FOR JANUARY 670.63 MILES @ .56

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
02	10	2014

Amount of Each Disbursement this Period

375.55

Transaction ID : SB17.7369

C. DANIELLE COFFELLETTO

Mailing Address 1184 VERNON AV NW

City PORT CHARLOTTE State FL Zip Code 33948

Purpose of Disbursement
PARTIAL FEB MILEAGE 204.95 MILES @ .56

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
02	10	2014

Amount of Each Disbursement this Period

114.77

Transaction ID : SB17.7370

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3690.32

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DANIELLE COFFELLETTO

Mailing Address 1184 VERNON AV NW

City	State	Zip Code
PORT CHARLOTTE	FL	33948

Purpose of Disbursement
REIMBURSEMENT FOR PARKING AND ADMISSION

007

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2014

Amount of Each Disbursement this Period

3823.00

Transaction ID : SB17.7371

B. DANIELLE COFFELLETTO

Mailing Address 1184 VERNON AV NW

City	State	Zip Code
PORT CHARLOTTE	FL	33948

Purpose of Disbursement
SALARY FEBRUARY 2014

001

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.7568

C. COLLIER COUNTY REC

Mailing Address PO BOX 7367

City	State	Zip Code
NAPLES	FL	34101

Purpose of Disbursement
LINCOLN-REAGAN DINNER & ADVERTISING

004

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.7343

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3823.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL SYSTEMS/DIRECT RESPONSE MARKETING

Mailing Address 12450 AUTOMOBILE BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City CLEARWATER	State FL	Zip Code 33762-4427
--------------------	-------------	------------------------

Amount of Each Disbursement this Period

427.37

Purpose of Disbursement
BROCHURES/PANEL CARDS

004

Transaction ID : SB17.7498

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Full Name (Last, First, Middle Initial)

B. DREAMTIME ENTERTAINMENT INCMailing Address 1625 SE 46TH STREET
SUITE 4A

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City CAPE CORAL	State FL	Zip Code 33904
--------------------	-------------	-------------------

Amount of Each Disbursement this Period

1687.50

Purpose of Disbursement
1/2 DAY COMMERCIAL SHOOT

004

Transaction ID : SB17.7755

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Full Name (Last, First, Middle Initial)

C. BEN DRESNERMailing Address 707 N. WAYNE STREET
APT 304

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

City ARLINGTON	State VA	Zip Code 22201
-------------------	-------------	-------------------

Amount of Each Disbursement this Period

1900.00

Purpose of Disbursement
SALARY FEBRUARY 2014

001

Transaction ID : SB17.7567

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4014.87

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BEN DRESNERMailing Address 707 N. WAYNE STREET
APT 304

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
REIMB EXPENSE

002

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
03	03	2014

Amount of Each Disbursement this Period

345.60

Transaction ID : SB17.7584

B. FLORIDA DEPT OF STATEMailing Address 500 S. BRONOUGH
R.A.GRAY BUILDING

City TALLAHASSEE State FL Zip Code 32399-0250

Purpose of Disbursement
FILING FEE

001

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
02	17	2014

Amount of Each Disbursement this Period

10440.00

Transaction ID : SB17.7469

C. HARMON'S AUDIO VISUAL

Mailing Address PO BOX 61127

City FORT MYERS State FL Zip Code 33906

Purpose of Disbursement
PODIUM, SOUND SYSTEM & PRESS BOX

007

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
01	28	2014

Amount of Each Disbursement this Period

477.00

Transaction ID : SB17.7345

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11262.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. IMPACT MANAGEMENT GROUP, INC.Mailing Address 124 W. CAPITOL AVENUE
SUITE 1886

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
SOCIAL MEDIA ADVERTISING

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
03	11	2014

Amount of Each Disbursement this Period

3327.57

Transaction ID : SB17.7587

B. LEE M JAMES

Mailing Address 25426 RANCAGUA DR

City PORT CHARLOTTE State FL Zip Code 33983

Purpose of Disbursement
REIMB FOR PURC OFFICE SUPPLIES

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
01	28	2014

Amount of Each Disbursement this Period

224.58

Transaction ID : SB17.7349

C. LEE M JAMES

Mailing Address 25426 RANCAGUA DR

City PORT CHARLOTTE State FL Zip Code 33983

Purpose of Disbursement
SALARY FEBRUARY 2014

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.7565

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4552.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LEE M JAMES

Mailing Address 25426 RANCAGUA DR

City	State	Zip Code
PORT CHARLOTTE	FL	33983

Purpose of Disbursement
REIM OFFICE / CAMPAIGN SUPPLIES

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

474.39

Transaction ID : SB17.7566

B. MARK JAMES

Mailing Address 25426 RANCAGUA DRIVE

City	State	Zip Code
PORT CHARLOTTE	FL	33983

Purpose of Disbursement
In-kind - HATS W/LOGO

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.7766

C. ALEX MELENDEZ

Mailing Address 3178 WESSEX WAY

City	State	Zip Code
CLEARWATER	FL	33761

Purpose of Disbursement
SALARY PRORATED FEBRUARY

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

3374.91

Transaction ID : SB17.7563

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4249.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ALEX MELENDEZ

Mailing Address 3178 WESSEX WAY

City	State	Zip Code
CLEARWATER	FL	33761

Purpose of Disbursement
REIM FOR EXPENSES

002

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

227.91

Transaction ID : SB17.7564

B. MOMENTUM STRATEGY GROUP, INC.Mailing Address 1705 CHAPEL TREE CIRCLE
UNIT E

City	State	Zip Code
BRANDON	FL	33511

Purpose of Disbursement
RADIO ADV

004

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

Amount of Each Disbursement this Period

11450.00

Transaction ID : SB17.7673

C. MOMENTUM STRATEGY GROUP, INC.Mailing Address 1705 CHAPEL TREE CIRCLE
UNIT E

City	State	Zip Code
BRANDON	FL	33511

Purpose of Disbursement
TELEVISION AD BUYS

004

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

150000.00

Transaction ID : SB17.7757

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

161677.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2014

Amount of Each Disbursement this Period

149.50

Transaction ID : SB17.7626

B. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.7627

C. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.7628

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

161.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.7629

B. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.7630

C. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.7631

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.7632

B. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.7633

C. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.7662

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5.76

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

57.50

Transaction ID : SB17.7663

B. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.7709

C. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

28.75

Transaction ID : SB17.7710

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

89.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.7711

B. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.7712

C. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.7713

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.7714

B. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.7715

C. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

28.75

Transaction ID : SB17.7716

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

40.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

Amount of Each Disbursement this Period

28.75

Transaction ID : SB17.7717

B. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

115.00

Transaction ID : SB17.7723

C. PIRYX, INC

Mailing Address 144 SECOND ST

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
TRANSACTION FEE

003

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL

District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

11.50

Transaction ID : SB17.7769

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

155.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POSTMASTER

Mailing Address PORT CHARLOTTE BRANCH

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2014

City PORT CHARLOTTE	State FL	Zip Code 33952-9998
------------------------	-------------	------------------------

Amount of Each Disbursement this Period

147.00

Purpose of Disbursement
POSTAGE STAMPS

003

Transaction ID : SB17.7586

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Full Name (Last, First, Middle Initial)

B. POSTMASTER

Mailing Address PORT CHARLOTTE BRANCH

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City PORT CHARLOTTE	State FL	Zip Code 33952-9998
------------------------	-------------	------------------------

Amount of Each Disbursement this Period

490.00

Purpose of Disbursement
STAMPS/POSTAGE

004

Transaction ID : SB17.7759

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Full Name (Last, First, Middle Initial)

C. PUBLIC STRATEGY ASSOCIATES, LLC

Mailing Address 1709 TALIAFERRO TRAIL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2014

City MONTGOMERY	State AL	Zip Code 36117
--------------------	-------------	-------------------

Amount of Each Disbursement this Period

3072.00

Purpose of Disbursement
AUTOMATED PHONE LEASE X5

004

Transaction ID : SB17.7378

Candidate Name

KREEGEL FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3709.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHARK TANK MEDIA, LLC.

Mailing Address PO BOX 11804

City	State	Zip Code
FT LAUDERDALE	FL	33339

Purpose of Disbursement
VIDEO AD

004

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.7606

B. SPRINT

Mailing Address PO BOX 54977

City	State	Zip Code
LOS ANGELES	CA	90054-0977

Purpose of Disbursement
TELEPHONE SERVICE

001

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2014

Amount of Each Disbursement this Period

392.31

Transaction ID : SB17.7462

C. SPRINT

Mailing Address PO BOX 54977

City	State	Zip Code
LOS ANGELES	CA	90054-0977

Purpose of Disbursement
TELEPHONE SERVICE

001

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

386.45

Transaction ID : SB17.7608

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1578.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1825 TAMIAMI TRAIL

City	State	Zip Code
PORT CHARLOTTE	FL	33948

Purpose of Disbursement
PAPER/ENVELOPES

004

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

128.36

Transaction ID : SB17.7760

B. STAPLES

Mailing Address 1825 TAMIAMI TRAIL

City	State	Zip Code
PORT CHARLOTTE	FL	33948

Purpose of Disbursement
PRINTING LETTERS

003

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

62.62

Transaction ID : SB17.7770

C. STAPLES

Mailing Address 1825 TAMIAMI TRAIL

City	State	Zip Code
PORT CHARLOTTE	FL	33948

Purpose of Disbursement
OFFICE SUPPLIES/STATIONARY

001

Category/
Type

Candidate Name

KREEGEL FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State: FL District: 19

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

83.44

Transaction ID : SB17.7771

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

274.42

SCHEDULE C (FEC Form 3)
LOANS

PAGE 63 OF 72

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5251

KREEGEL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

PAIGE VANIER KREEGEL

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2081 SANDY PINES DRIVE

City

State

ZIP Code

PUNTA GORDA

FL

33482

Original Amount of Loan

35000.00

Cumulative Payment To Date

30000.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M 03 / D 30 / Y 2012

Date Due

M M / D D / Y 12/31/2012

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 64 OF 72

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5894

KREEGEL FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

PAIGE VANIER KREEGEL☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2081 SANDY PINES DRIVE

City

State

ZIP Code

PUNTA GORDA

FL

33482

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 28 / 2012

Date Due

M M / D D / Y Y Y Y
/ / 12/31/12

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 65 OF 72

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6812

KREEGEL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

PAIGE VANIER KREEGEL

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2081 SANDY PINES DRIVE

City

State

ZIP Code

PUNTA GORDA

FL

33482

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
07

24

2012

M M / D D / Y Y Y Y

12/31/12

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 66 OF 72

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7116

KREEGEL FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

PAIGE VANIER KREEGEL☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2081 SANDY PINES DRIVE

City

State

ZIP Code

PUNTA GORDA

FL

33482

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 02 / 2012

Date Due

M M / D D / Y Y Y Y
12/31/12

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 67 OF 72

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7117

KREEGEL FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

PAIGE VANIER KREEGEL☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2081 SANDY PINES DRIVE

City

State

ZIP Code

PUNTA GORDA

FL

33482

Original Amount of Loan

80000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

80000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 06 / 2012

Date Due

M M / D D / Y Y Y Y
12/31/12

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

80000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 68 OF 72

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7720

KREEGEL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

PAIGE VANIER KREEGEL

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

2081 SANDY PINES DRIVE

City

State

ZIP Code

PUNTA GORDA

FL

33482

Original Amount of Loan

110000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

110000.00

TERMS

Date Incurred

M / D / Y
03 / 28 / 2014

Date Due

M / D / Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

110000.00

TOTALS This Period (last page in this line only)..... ►

495000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 69 OF 72

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Magma Creative, IncNature of Debt (Purpose):
project 1 x 30

Mailing Address 700 Vernon St

City State

Zip Code

Roseville

CA

95678

Outstanding Balance Beginning This Period

7974.00

Transaction ID : SD10.7201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7974.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Magma Creative, IncNature of Debt (Purpose):
Project 1 x :30

Mailing Address 700 Vernon St

City State

Zip Code

Roseville

CA

95678

Outstanding Balance Beginning This Period

7405.00

Transaction ID : SD10.7200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7405.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Magma Creative, IncNature of Debt (Purpose):
Project 1 x 30

Mailing Address 700 Vernon St

City

State

Zip Code

Roseville

CA

95678

Outstanding Balance Beginning This Period

2098.00

Transaction ID : SD10.7202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2098.00

1) **SUBTOTALS** This Period This Page (optional) ►

17477.00

2) **TOTALS** This Period (last page this line number only) ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 70 OF 72

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Magma Creative, IncNature of Debt (Purpose):
project 1 x 60

Mailing Address 700 Vernon St

City State

Zip Code

Roseville

CA

95678

Outstanding Balance Beginning This Period

5955.00

Transaction ID : SD10.7203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5955.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Magma Creative, IncNature of Debt (Purpose):
project 1 x 30

Mailing Address 700 Vernon St

City State

Zip Code

Roseville

CA

95678

Outstanding Balance Beginning This Period

1555.00

Transaction ID : SD10.7204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1555.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INCNature of Debt (Purpose):
R12-08-010Mailing Address 7185 NAVAJO ROAD
SUITE P

City

State

Zip Code

SAN DIEGO

CA

92119

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.7191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional) ►

10010.00

2) **TOTALS** This Period (last page this line number only) ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 71 OF 72

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC

Nature of Debt (Purpose):

R12-08-048

Mailing Address 7185 NAVAJO ROAD
SUITE PCity State Zip Code
SAN DIEGO CA 92119

Outstanding Balance Beginning This Period

8291.29

Transaction ID : SD10.7192

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8291.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC

Nature of Debt (Purpose):

R12-08-049

Mailing Address 7185 NAVAJO ROAD
SUITE PCity State Zip Code
SAN DIEGO CA 92119

Outstanding Balance Beginning This Period

7976.07

Transaction ID : SD10.7193

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7976.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC

Nature of Debt (Purpose):

R12-08-050

Mailing Address 7185 NAVAJO ROAD
SUITE PCity State Zip Code
SAN DIEGO CA 92119

Outstanding Balance Beginning This Period

3480.60

Transaction ID : SD10.7194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3480.60

1) **SUBTOTALS** This Period This Page (optional) ▶

19747.96

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 72 OF 72

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KREEGEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC

Nature of Debt (Purpose):

R12-08-058

Mailing Address 7185 NAVAJO ROAD
SUITE P

City State

Zip Code

SAN DIEGO

CA

92119

Outstanding Balance Beginning This Period

825.00

Transaction ID : SD10.7195

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

825.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC

Nature of Debt (Purpose):

R12-08-107

Mailing Address 7185 NAVAJO ROAD
SUITE P

City State

Zip Code

SAN DIEGO

CA

92119

Outstanding Balance Beginning This Period

305.39

Transaction ID : SD10.7196

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

305.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC

Nature of Debt (Purpose):

R12-08-113

Mailing Address 7185 NAVAJO ROAD
SUITE P

City State

Zip Code

SAN DIEGO

CA

92119

Outstanding Balance Beginning This Period

3897.28

Transaction ID : SD10.7197

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3897.28

1) **SUBTOTALS** This Period This Page (optional) ▶

5027.67

2) **TOTALS** This Period (last page this line number only) ▶

52262.63

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

495000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

547262.63